DOCUMENT RESUME

ED 293 281 EC 202 480

AUTHOR Robinson, David L.
TITLE C.I.T.E. Community Integrated Training and Education: An Alternative to Facility-Based Services.
PUB DATE Oct 87
NOTE 10p.; Paper presented at the Annual Conference of the Association for the Severely Handicapped (14th, Chicago, IL, October 29-30, 1987).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Community Programs; Cost Effectiveness; County Programs; *Delivery Systems; Early Childhood Education; Elementary Secondary Education; Family Involvement; Family Programs; *Home Programs; *Integrated Activities; *Mental Retardation; *Parent Education; Self Care Skills; Skill Development; Social Support Groups; Student Behavior; *Training
IDENTIFIERS Ohio (Hamilton County)

ABSTRACT

The Community Integrated Training and Education (C.I.T.E.) program, sponsored by the Hamilton County (Ohio) Board of Mental Retardation, is a support program for county families with mentally retarded children, aged 6 months to 22 years. The program is structured to provide education and training for families who have decided against residential placements for their children. Training focuses on increasing appropriate behavior; decreasing inappropriate behavior; and developing personal hygiene, dressing, and eating skills. All training activities occur in the home or the community. Skill development first occurs with the child and secondly with the parent, as parents or primary caregivers gradually assume responsibility for teaching and developing the child's skills. Staff consists of a program coordinator who is a Masters level teacher, trainers who are high-school graduates with intensive inservice training, and consultative staff utilized as needed. The average costs per family for C.I.T.E. services were compared to average costs of placement in a family home or foster care and were found to be much lower. A user satisfaction survey indicated that this type of service is a worthwhile alternative to residential services such as group homes and foster care. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED293281

C.I.T.E.

COMMUNITY INTEGRATED TRAINING AND EDUCATION:

AN ALTERNATIVE TO FACILITY-BASED SERVICES

David L. Robinson

R.H.M.R. (Resident Home for the Mentally Retarded)

3030 West Fork Road

Cincinnati, Ohio 45211

513/661-7700

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

David L. Robinson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC202480

Paper presented at the Annual Conference of the Association for the Severely Handicapped (14th, Chicago, IL, October 29-30, 1987)

C.I.T.E. - COMMUNITY INTEGRATED TRAINING AND EDUCATION

AN ALTERNATIVE TO FACILITY-BASED SERVICES

INTRODUCTION

R.H.M.R., the sponsoring agency, has been providing educational and residential services to people with mental retardation for the past 24 years. Recently, the agency has renewed its commitment to providing integrated services by not only developing the C.I.T.E. program, but also by the development of an Emergency Residential Service program, and the development of a family home for 6 adolescents which would be the agency's fourth family home. The agency also operates a short-term educational center whose emphasis is on teaching children with mental retardation and developing skills of parents.

The Community Integrated Training and Education (CITE) program is a family support program structured to provide education and training for children with mental retardation and their families. Training programs and interventions are developed based solely on the needs identified by the parents or family. The program can also provide additional services such as communication training, occupational therapy consultation, health and nutrition counseling and social work services. Prior to C.I.T.E., a family's only choice in regard to services that would meet the needs of their unique situation, evolved around programs requiring placement in a facility-based service. These services could include group homes, foster care and other residential options.

All C.I.T.E. training occurs in the home or in community-located activities. Consequently, all skills that are developed are functional and relate directly to the family's and child's experiences. Parents or primary caregivers eventually assume the responsibility for teaching and developing positive behaviors in the child. This is a gradual process that occurs over a period of time between the parent and their individual C.I.T.E. trainer.

The primary goal of the C.I.T.E. program is to develop skills in the family. Skill development and education would first occur with the child and secondly with the parent or primary caregiver. Another goal of the program is to provide support to families who may have considered residential placement at one time, but have chosen to keep their child at home. Finally, a long-range goal of the program is to decrease and delay the need for residential placement. Approximately 64% of the C.I.T.E. families have considered at one time or another the option of residential placement. The primary focus of

C.I.T.E. relates directly to the needs that exist in the family. The program concentrates on flexibility, meeting those needs in the best residential setting, the child's home. C.I.T.E. has also been effective in working with the public school system in determining the most appropriate educational services for a child. This has occurred through C.I.T.E. staff participating in the IEP process and informing and advocating appropriate services for the child and family involved in the C.I.T.E. program.

POPULATION SERVED

Children served in the C.I.T.E. program have a primary disability of mental retardation, are between the ages of 6 months to 22 years, and reside in Hamilton County. Many children enrolled in the program also have additional disabilities such as autism (6 children) cerebral palsy (11 children) and visual impairment (3 children). Referrals for the program initially are from the parent(s) who is then interviewed to determine whether the services offered by the C.I.T.E. program can meet their particular needs. Based on the results of this interview, the C.I.T.E. coordinator and social worker meet with the parents to determine the training that will be scheduled.

PROGRAMMING

Essentially C.I.T.E. is structured to provide assistance in the form of specific education and training in areas such as increasing appropriate behavior, decreasing inappropriate behavior and the development of personal hygiene skills, dressing skills and eating skills. Initially, all of the training with the child is provided by the program coordinator and/or program trainer. A primary caregiver or parent is required to be present so that the transfer of training techniques from the trainer to the parent can occur as soon as possible. Once the transfer of skills has occurred, the trainer becomes an observer, gradually fading the amount of assistance given to the parent.

In-home training usually occurs for approximately 6-12 months, with contact being maintained with the family usually beyond a year. During the first few months of intervention, program staff on an average will be in the home 2-3 times per week for 3-4 hours per visit. Training schedules are determined by assessing when the targeted behaviors are occurring. For example, if sleeping problems exist, program staff will work with the child and family during the time the child goes to bed. As parents become more adept at implementing the agreed upon procedures, time spent by program staff is gradually decreased.

STAFFING

Staff in the C.I.T.E. program come from a broad background of working with children with mental retardation. The trainers are high school graduates with intensive inservice training in the areas of behavior management, family dynamics, community skills, conflict management and First Aid training. Other training is arranged as the need arises. The Coordinator of the program is a Masters level teacher certified by the state of Ohio and has extensive experience in both a classroom setting and residential environments. Consultative staff are utilized on an as-needed basis, and include a communication specialist, occupational therapist, registered nurse, social worker and behavior management specialist.

FUNDING AND COSTS

Currently the C.I.T.E. program is a pilot project supported by the Hamilton County Board of Mental Retardation. Services are provided to the families at no cost. The cost-effectiveness of the C.I.T.E. program has been analyzed by comparing the average costs of C.I.T.E. with the average potential costs of out-of-home placements. This information relates to projected C.I.T.E. costs between November 1986 and October 1987.

Population Served	Number of Families	Possible Placements	Average Costs/ Placement	Average Costs C.I.T.E.	Difference
Children, ages 6 months to 22 yrs., with moderate to profound mental retardation and other disabilities such as cerebral palsy, visual impairment and autism.	35			$2,674	
		a. Family Home	$23,462	$2,674	$20,758
		b. Foster Care	$18,250	$2,674	$15,576

In interpreting these costs of C.I.T.E. it is important to understand that in the family home and foster placement services are provided on a 24 hour basis usually 365 days per year. C.I.T.E. services are provided to families relative to each family's unique situation. For example, family (A) may require training 5 days per week, 3-4 hours per day for 2 months while family (B) may only require 1 training session per week for 6 months. It is then necessary to understand that a critical component of C.I.T.E. is not the total amount of service days provided, but rather the number of service days a family requires to meet their specific training need. In other words: Why give a family more service than what is required? We recognize that C.I.T.E.

is not a service intended to supplant existing residential services, but a service option for families who believe that residential placement is not a viable option for them. Therefore, we hope that through this pro-active approach to supporting families that over a period of time the need for residential services for school-age children will decrease.

Currently the demand for C.I.T.E. services is far exceeding the agency's ability to respond to this need. We hope within the next year to add at least 1 professional certified teacher and 2 trainers to our existing staff. With these additions we could easily meet the existing demand for services.

USER SATISFACTION SURVEY

In a preliminary survey of parents who are currently participating in the program, primary criticisms evolved around the length of time C.I.T.E. is in the home. Most families would prefer that staff stay in the home for a longer period of time. Consequently, it is unanimous among parents that more services like C.I.T.E. should be developed, and that this type of service is a worthwhile alternative to residential services such as group homes and foster care.

CONCLUSION

In conclusion, the development of the C.I.T.E. program has not been an easy process, primarily because of the preconceived notion that services for children with mental retardation need to be associated with a center, or specialized facility. The program has obviously proven beyond anyone's expectations that relevant, worthwhile education can take place without removing an individual from their natural environment, or by developing a specialized artificial environment that would tend to isolate and separate a person from the mainstream of the community.